

ARKANSAS INSURANCE DEPARTMENT
RATE FILING ABSTRACT

Insurer Name: State Automobile Mutual Insurance Company
NAIC Number: 25135
Name of Advisory Organization Whose Filing You Are Referencing
Co. Affiliation to Advisory Organization: Member ☒ Subscriber ☐ Service Purchaser ☐
Reference Filing #: Proposed Effective Date: 11/15/2006

Contact Person: Dean Mefford
Signature:
Telephone No: 800-695-9436 (ext. 5809)

(1) LINE OF INSURANCE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant If Applicable	(8) Co. Current Loss Cost Multiplier
Homeowner Options Program Forms HO-3 and HO-5 Forms HO-4 and HO-6	-6.6 0.0	-5.8 0.0			FILED By bharrington at 8:26 am, 9/6/06 PROPERTY & CASUALTY ARKANSAS INSURANCE DEPARTMENT		
TOTAL OVERALL EFFECT	-6.4	-5.3					

N/A
+22.2%
-23.7%

Apply Loss Cost Factors to Future Filings (Y or N)
Estimated Maximum Rate Increase for any Arkansas Insured (%)
Estimated Maximum Rate Decrease for any Arkansas Insured (%)

Corresponds to Question 3 on RF-2 or RF-WC

5 Year History								Selected Provisions	
Year	Policy Count	Rate Change History % Eff. Date	AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio		A. Total Production Expense	See Exhibit I
2001	2285	+1.1 05/17/2001	1134	788	69.5%	84.4		B. General Expense	
2002	2028	+7.9 05/17/2002	1060	598	56.4%	75.5		C. Taxes, License & Fees	
2003	1741	+14.9 05/30/2003	1031	673	65.3%	60.2		D. Underwriting Profit & Contingences	
2004	1692	+6.7 11/15/2004	1016	463	45.6%	53.2		E. Other (explain)	
2005	1793	-2.7 11/15/2005	950	302	31.8%	39.0		F. TOTAL	